Division of Health Service Regulation						
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL041023	B. WING		05/2	7/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ST GALE	ES ESTATES		'S CHAPEL I BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of a Biennial Survey by Billy S. Bryant conducted on 05/27/2016. Records indicate this facility was first licensed on 10/21/1996. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.					
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me The walls and floors in good repair as ex Findings on 05/27/2	es shall: lings, and floors or floor an and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: s are not being kept clean and videnced by the findings.	C 164			

painting.

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

b. Floors - Throughout the facility there is wax

corridor to the resident rooms need repair and touch up, the door frames also need touch

> TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED	
	HAL041023	B. WING	05/27/2016	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ST GALES ESTATES

7411 LEE'S CHAPEL ROAD GREENSBORO, NC 27405

GREEN GREEN		GREENSBORO, NC	SBORO, NC 27405				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMATION OF LABBORRANCE IDENTIFYING INFORMATION OF LABBORRANCE IDENTIFYING INFORMATION OF LABBORRANCE IDENTIFYING INFORMATION OF LABBORRANCE IDENTIFYING INFORMATION OF LIFTURE INFORMATION OF LABBORRANCE IDENTIFYING INFORMATION OF LIFTU	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
C 164	Continued From page 1	C 164					
	and dirt build up at the bottom of the doo	or frames.					
	c. There are some cracked VCT floor tile corridors.	es in the					
	d. Kitchen - The door to the exterior hits threshold preventing it from closing without excessive effort.						
C 166	Housekeeping-Maintained Free of Hazar	rds C 166					
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPIN FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clear orderly manner, free of all obstructions a hazards; (e) This Rule shall apply to new and exist facilities.	an and and					
	This Rule is not met as evidenced by: Findings on 05/27/2016: a. Room A3 - There was a multi-plug adause in the resident room.	apter in					
	b. M Hall - The concrete slab smoking po an approximately 6" drop off to the surro ground level.						
	c. Entrance Hall - The GFCI did not trip v tested with a circuit tester.	when					
C 185	Fire Safety-Rehearsals on Each Shift	C 185					
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire	plan					

Division of Health Service Regulation

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL041023	B. WING		05/2	7/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
ST GALE	S ESTATES		S CHAPEL I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 185	requirement of the Enforcement Officia (c) Records of rehe and copies furnishes social services ann include the date anshift, staff members description of what (f) This Rule shall a facilities. This Rule is not me 1. Based on a revie not meet the require rehearsals quarterly. Finding on 05/27/20 a. According to doo were not conducted quarter, any shift in	hift in accordance with the local Fire Prevention Code al. earsals shall be maintained ed to the county department of ually. The records shall d time of the rehearsals, the spresent, and a short the rehearsal involved. apply to new and existing et as evidenced by: ew of records the facility does ement to conduct fire drill y on each shift.	C 185			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app	and all fire safety, electrical, cumbing equipment in an adult maintained in a safe and apply to new and existing acception of Paragraph (e) ly to existing facilities.	C 189			
	This Rule is not me	et as evidenced by:				

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Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED	
	HAL041023	B. WING	05/27/2016	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE		

ST GALES ESTATES

7411 LEE'S CHAPEL ROAD

ST GALES ESTATES GREENSBORO, NC 27405					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
Continued From page 3	C 189				
Based on observation the facility was not maintained in a safe manner by a failure to maintain the "test" feature functions of electrical emergency/safety related equipment.					
Finding on 05/27/2016: a. Wall Adjacent to Owner's Office - The wall mounted emergency light is missing its test button.					
Exhaust Ventilation	C 199				
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
This Rule is not met as evidenced by: 1. Based on observation there is an absence of exhaust ventilation in spaces required to have exhaust ventilation. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, fumes or possible air borne contaminates from areas or rooms required to have exhaust ventilation.					
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 1. Based on observation the facility was not maintained in a safe manner by a failure to maintain the "test" feature functions of electrical emergency/safety related equipment. Finding on 05/27/2016: a. Wall Adjacent to Owner's Office - The wall mounted emergency light is missing its test button. Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is an absence of exhaust ventilation in spaces required to have exhaust ventilation. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, fumes or possible air borne contaminates from areas or	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 1. Based on observation the facility was not maintained in a safe manner by a failure to maintain the "test" feature functions of electrical emergency/safety related equipment. Finding on 05/27/2016: a. Wall Adjacent to Owner's Office - The wall mounted emergency light is missing its test button. Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is an absence of exhaust ventilation. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, fumes or possible air borne contaminates from areas or	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 1. Based on observation the facility was not maintained in a safe manner by a failure to maintained in a safe manner by a failure to maintained in a safe manner by a failure to maintained mergency/safety related equipment. Finding on 05/27/2016: a. Wall Adjacent to Owner's Office - The wall mounted emergency light is missing its test button. Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and foilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is an absence of exhaust ventilation in spaces required to have exhaust ventilation. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, furnes or possible air borne contaminates from areas or		

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Division of Health Service Regulation STATE FORM

If continuation sheet 4 of 5 P3G121

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL041023	B. WING		05/2	7/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
ST GALE	S ESTATES		E'S CHAPEL F			
			BORO, NC 2			ı
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETE DATE	
C 199	Continued From pa	ige 4	C 199			
	Findings on 05/27/2016: a. The central exhaust is not working in the facility.					
	b. Chemical Room the in the room.	- There is no exhaust fan in				
	c. Kitchen Mop Cloin the closet.	set - There is no exhaust fan				

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